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Original Articles.

ERICHSEN'S DISEASE.

By S. V. CLEVENGER, M.D.

ALL through the history of the world combats have been carried on with varying results, sometimes one side was right, often both sides were wrong, or partly right and partly wrong.

Herbert Spencer inclines to the belief that "no man or measure is wholly right or wholly wrong." We are so apt to be warped and biased by personal considerations it is necessary to summon to the aid of clearer judgment more than ordinary philosophy.

If typhoid fever were to increase tenfold in New York City, and the Croton river pollution were demonstrably the cause, the Aldermanic boodlers, who enriched themselves by robbing the city treasury of funds intended to remedy the water supply defects, would unfailingly all be able to secure the services of one or two New Jersey mosquito physicians and surgeons, who by pseudo-experimentations, travesties of medical literature, buncombe, medical slang, illogical deductions, and other methods resorted to by medical politicians, who would report, for a consideration, that not only were the New York Aldermen the purest, the best, the most saintly municipal managers in the world, but that there was absolutely no such disease as typhoid fever; it was a "myth;" there was nothing in it. Patients who came into hospitals with this alleged disease, in reality were sufferers from syphilis and excesses generally. Anything, everything, you please, except typhoid, the "mythical" disease.

On the other hand, if large damages were obtainable against these holy municipal corporations for having acquired typhoid fever through any of its legal remissness, forthwith an astounding percentage of the community would claim to be suffering from typhoid fever.

So it has been in the matter of spinal concussion. Thousands have died from Erichsen's disease of the spine before the institution of railways. Derailments and collisions have increased the sufferers in our day, and as damages are often obtain-

able, it is natural that pretenders to such disorders should arise.

Such men as Erichsen, Bramwell, Spitzka, Ross, Gowers, Gross, Agnew, Knapp, Dana, Hughes conscientiously sifted the symptomatology, and everything that pertains to the disorder, and unanimously agree that such a complaint as Erichsen's disease of the spine exists.

Some obscure railway surgeons find it too difficult, owing to lack of means, brains, or disposition, to master the literature of the subject, and then depreciate the conclusions of acknowledged masters in surgery and neurology, from precisely the same motives that induces the "calamity" doctor to venture into court with ungrounded claims against a corporation. There is boodle in it for them.

A doctor of Galesburg, Ill., lifts his voice in protest against the suing of corporations under any pretext whatsoever, because he has been employed to swear against the claims of litigants. This same physician violated confidence enough to testify openly that he had, previous to a certain railway accident, treated a woman, the plaintiff, for syphilis. From the New Jersey marshes come approving echoes.

But the judicial physician will continue to investigate truthful and untruthful claims and record his opinion, regardless of the salaried corporation surgeon and the "calamity" doctor, who are often about equally ignorant and rapacious.

70 STATE STREET, CHICAGO.

REFLECTIONS UPON A "MIRROR."

BY ANNA M. FULLERTON, M.D.,
Physician in Charge of the Women's Hospital of Philadelphia.

A RECENT editorial in *The Medical Mirror* (August 1), entitled "Women and the Medical Profession," would lead us to believe that there is one spot upon our earth favored above all others—a fair Utopia—so far separated from the gaudy, struggling, self-seeking world, that its conceptions of life glow with the rosy tints of fancy.

Its men are manly beyond compare—disinterested, generous, just and noble in their bearing. In the words of the author of this article, they "believe in speaking the truth" (*in love?*) "though the heavens fall!" Were there any wrongs to redress in Utopia, they would, doubtless, like the knights of old, "go forth redressing human wrong." The fair women of Utopia are all of "a perfect type." They are "too refined, too delicate, too artistic, too loving and lovable, too full of heart and soul and a fondness for the milder, tenderer side of the world" to have suffered from the cold blasts of adversity which blow over remote and less happy regions. How much does the very existence of such natures imply of exemption from sorrow? From the work and care of ordinary life? The storm and stress which sweep in desolating fury over the plains upon which common mortals dwell? Misfortune, poverty, crime, disease and death have found no entrance here! The "mirror" of this happy land reflects a cloudless sky, a sun-bathed landscape, a care-free people:

> "If there be a paradise upon earth,
> It is here! it is here! it is here!"

But the range of a stationary "mirror" must, of necessity, be more limited than that of the wayside pool which reflects but its few feet of sky or overhanging branches. The fathomless depths of space are unknown to it, as also is the circuit of the stars. Alas! beyond Utopia—aye, even within sight of its pleasant home—is a region into which evil has entered, the real, not the surface-world, which "sins and weeps and curses and suffers, and sends up its long cry to God."

The mirrors of this region reflect the pawn-shop, the drink-shop, the hospital, the dungeon, the grave-yard. Here are found cold, cruelty, fever, famine, ugliness, loneliness, pain.

The men of a household, no longer able to serve as natural protectors to clinging womanhood or helpless childhood—weak women, through the instincts of self preservation, or loyal wifehood or motherhood, struggling to their feet to fight the battle of life alone for themselves or for those dependent upon them! In one State of our Union there are over two hundred and forty thousand women supporting their husbands and families. Now ask whether these women are "so constituted physically as to be equal to these demands." Necessity knows no law. "Dislocated," "unnatural," "unwomanly," lacking in ethical sense, are these women?

The words sound like hollow mockery, or echoes among fossil-rocks, in the face of the world's needs.

In the Presidency of Bombay, there are, to this day, prize books distributed to deserving girls in the schools aided by Government, which contain the following creed for the conduct of women:

"If the husband of a virtuous woman be ugly, of good or bad disposition, diseased, fiendish, irascible, a drunkard, old, stupid, blind, deaf, hot-tempered, poor, extremely covetous, a slanderer, cowardly, perfidious, and immoral, nevertheless she ought to worship him as a *god*, with mind, speech, and person.

"The wife who gives an angry answer to her husband will become a village pariah-dog; she will also become a female jackal, and live in an uninhabited desert. The woman who speaks disrespectfully to her husband will be dumb in the next incarnation. The woman who hates her husband's relations, will become, from birth to birth, a muskrat, living in ordure and filth."

Thus does the East endeavor to trample upon the aspirations of its women, and to prevent their becoming "dislocated," "unnatural," "unwomanly."

In an old, black-letter work of A.D. 1632, called "The Lawes Resolution of Women's Rights, or The Lawes Provision for Women," there is a chapter entitled "The Baron (*i.e.*, husband) may beate his Wife." In the opening chapter is the following sentence: "Justice Brooke affirmeth plainly that, if a man beat an outlaw, a traitor, a Pagan, his villein, or his wife, it is dispunishable, because by Law Common, these persons can have no action."

The author (who was evidently a gentleman in advance of his times) quaintly adds: "God send, Gentlewomen, better sport or better Companie." (T. W. Higginson.)

The women of civilized countries to-day, seek "better sport and better companie." Seeing, "as in a glass darkly," the possibilities of their future, they endeavor to shake themselves free from their shackles —the "vast, superincumbent weight of a cosmic tradition." They question why a woman, endowed with intellectual powers, who enters the ranks of bread-winners, should spend her days and nights in eking out a bare existence at distasteful and unremunerative labor when, like Minerva, she may share with Apollo the honor of presiding over arts and sciences.

And what of wifehood and motherhood, when women no longer grovel upon the ground and sell their souls for bread? The woman who marries, will marry the man she can love and honor—whose every wish will be to her the dearest law—in whose companionship she can drink her deepest draughts of happiness. The child she bears will not be the "chance child" of an enforced motherhood, bearing upon mind and body the impress of physical or mental pollution. The child of hope, the child of joy, it will be to its parents a God-given boon. Thus "springs the crowning race of humankind."

As to the fitness of women for the study of medicine, we, too, must speak the truth, "though the heavens fall!" It has ever appeared to us that the art of healing belonged essentially to those in whom the mother instinct was strong—to those capable of persistent endeavor, unwearied patience, heroic self-forgetfulness. As a means to an end, a woman finds no horrors in the dissecting-room. A reverent study of the mysteries of nature, debases no noble mind. "We speak of that we know; we testify of that we have seen." The joy of intelligent ministry may be much to a man, but it is more to a woman, because of her mother-heart.

Woman may work blunderingly for many years, aye, perhaps for centuries, for "she will still work at disadvantage; she will still find herself surrounded nearer or farther off, by an atmosphere of distrust and disparagement. These are obstacles enough, under all circumstances, to the rearing of first-class genius. It certainly is not easy for it to raise itself when it has the weight of the globe on its shoulders." It is the highest office of the heroic spirit—

"To bind up the broken-hearted;
To proclaim liberty to the captives;
To comfort all that mourn."

To give unto them—

"Beauty for ashes;
The Oil of Joy for Mourning;
The Garment of Praise for the spirit of heaviness."

Could not our editor place his "mirror" where it might show to some advantage woman's share in the physical, moral, and mental redemption of the race? Had he not heard rumors of the dark, out-lying districts wherein they labor, we should hesitate to thus rudely disturb his dream of peace.

THE WEIGHT OF THE BODY IN ITS RELATION TO THE PATHOLOGY AND TREATMENT OF CLUB-FOOT.[1]

By A. B. JUDSON, M.D.,
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I DESIRE to present a few thoughts of an extremely practical kind, relating to the treatment of talipes equino-varus. Beginning with congenital club-foot, it is well to bear in mind that there is a vast difference between a child recumbent and a child walking. While the child is in arms the case is yet free from the complications and difficulties caused by the falling of the weight of the body on the deformed foot. These twelve months, more or less, are the most important year in the history of the case, because in this period the foot is to be changed so that when the child begins to walk, the use of a slight walking brace, exerting only a moderate degree of force, will convert the weight of the body from a deforming to a correcting agent. During these months of recumbency, with the weight of the body out of the way, with all the tissues soft and formative, and the foot more than doubling in size with the growth of the child, there is every reason to expect to succeed in what we undertake, provided time enough be given to the case, and faithful attention to the details.

The apparatus which I have conveniently used to effect this reduction, before the child learns to stand, is a simple retentive splint which acts as a lever, making pressure on the outer side of the foot and ankle, at A, in Figs. 1 to 4, inclusive, and counter-pressure at two points, one on the inner side of the leg, at B, and the other at the inner border of the foot, at C. It is advisable to keep in mind that this simple instrument is a lever, because, if we know that we are using a lever, with its three well-defined points of pressure, we can make the apparatus more efficient than if we view it in a more general way, as an apparatus for giving a better shape to the foot.

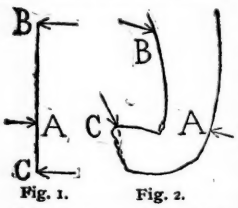

Fig. 1.

Fig. 2.

[1] Read before the American Orthopædic Association, New York, September 21, 1892.

I use a little brace made of sheet brass, doing the work with a few simple tools. An advantage of doing the work one's self is that there is no room for doubt as to where the blame lies, if the apparatus does not work well. Two disks, B and C, Figs. 3 and 4, are riveted to a shank, D, and thus is formed that part of the brace which applies the two points of counter-pressure, while, on the other hand, the point of pressure is brought into action by a third disk, or shield, A, which is drawn tightly against the outer side of the foot and ankle, and held in place by a strip of adhesive plaster, E, which includes the limb and the piece which connects the two disks, B and C. The disks are lined with two or three thicknesses of blanket, easily renewed, when necessary, with a needle and thread. These braces are so cheap and easily knocked together that it is nothing to apply new and larger ones, using heavier material for the shank as the child grows. In general, three sizes will be enough, the shanks being 12 gauge, ⅜ inch wide; 14 gauge, ½ inch wide, and 16 gauge, ⅝ inch wide. The disks are conveniently made from 22 gauge, 1¼ inch wide. The rivets are copper belt rivets No. 13. A lip turned on the edges of the disks, with the flat pliers, gives stiffness to the thin brass and protects the skin from the rough edge. If more easily obtained tin disks, light bars of iron or steel and ordinary iron rivets, would doubtless answer.

Fig. 3.

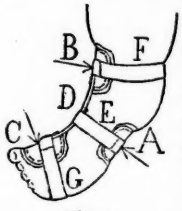

Fig. 4.

The brace is applied with three strips of adhesive plaster. The upper and lower pieces, F and G, Fig. 4, are simply to keep the apparatus in place, which they do effectively if ordinary gum plaster is used, while, by drawing the middle strip, E, tightly over the shield and straightening the brace from time to time, the deformity is gradually and gently reduced. At each re-application the brace is made a little straighter than the foot at that stage. This may readily be done by the hands, and then the adhesive strip is to be tightened over the shield, till the shape of the foot agrees with that of the brace. After a few days the brace is to

be made still straighter, and again re-applied, and made tight till another point of improvement is gained. The brace is applied very crooked at the beginning of treatment, as in Figs. 3 and 4, and is straightened from time to time, and a longer brace applied as the deformity is reduced and the patient grows. It should be removed every week, or two weeks, and an interval of a few days allowed for freedom from the brace, when the mother is advised to manipulate the foot constantly, using as much force as she will in the direction of symmetry. Manipulating the foot during these intervals is of great importance, as cases have occurred in which varus and equinus have been entirely overcome by the mother's hand alone.

By this simple and prosy treatment, carried out systematically and without haste, or violence, or pain, the foot, unless it is a frightful exception, may, with certainty, be changed from varus to valgus. At the same time, the tendo-Achillis is lengthened till the position of the foot is near the norme, or at right angles with the leg, as the result of manipulation and giving the brace from time to time a partly antero-posterior action. Figs. 3 and 4 show approximately the shape of the brace at the beginning of treatment, Figs. 5 and 6 when the varus is reduced, and Figs. 7 and 8 when valgus has taken the place of varus. The foot, in this latter stage, may not hold itself valgus, when left to itself, but, with almost no force, and with one finger, it may be pushed into valgus; and in this condition it must be when the child begins to walk, and then another stage of treatment begins.

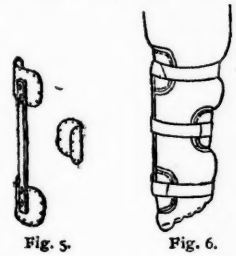

Fig. 5. Fig. 6.

Fig. 7. Fig. 8.

When the patient begins to walk we have a new difficulty. It is now seen that the weight of the body, falling on the tender and ill-formed foot, will, if not properly directed, defeat all our efforts. Let us, for a moment, consider the mechanical environment of the human foot. In the first place, the corporal weight, which the quadruped distributes among four pedal extremities, falls in man upon two. Again, the small floor area covered by the feet and their slight structure, seem unequal to the task of supporting the towering frame above them, which in some cases almost resembles a pyramid resting on its apex. And when we observe the effect of active locomotion we see weight and momentum combine in an apparent effort to crush and destroy. And, furthermore, when extraneous weights are added and the strain is prolonged, as in the case of the burden-bearer among savage tribes, or the infantry soldier on a forced march, the endurance of the foot excites wonder. It is not strange that the feet are subject to ailments: to blisters, bunions, ingrowing nails, hallux valgus, hammer toes, loss of the arch, weak ankles, painful affections of the metatarsus, perforating ulcers, osteitis, and the varieties of talipes. The wonder is that they are not permanently disabled soon after walking is begun, and certainly when the adipose tissue of the body takes on the development which accompanies age and good living. The gourmand, Savarin, said that, among the works of creation, the design of the human foot was a conspicuous failure. Considering the immense weight carried by the foot, it is evident, however, that only the most perfect natural adaptation of mechanics has enabled this insignificant member to perform its superlative functions, and that great caution should attend all procedures having for their object its artificial re-construction.

It is also sufficiently evident that the correction of club-foot by mechanical means, while the patient continues walking, is a problem beset with difficulty. We have, however, a luminous ray of hope and encouragement in the observation that, in talipes varus, there is an important boundary line between deformity and the norme. If the foot is held in some way, now to be considered, on the right side of this boundary line, each step forces it in the direction of valgus, and the increasing weight of the child is a powerful force acting in the right direction, or away from varus, so long as the foot is held, though never so little, looking toward symmetry. It may be said that

the child stamps his foot straight. If, on the other hand the foot is held, or allowed to fall, on the wrong side of this line, though never so little, each foot-step is a blow, driving the foot more and more into the varous position.

This point may be illustrated by the hand placed with its ulnar border on the table. If considerable pressure be made on the table, by the hand so placed, it becomes evident that there is a boundary line between pronation and supination. If the hand is pronated, never so little, additional pressure will force the palm into pronation, which represents valgus in the foot, and if the hand be supinated in the slightest degree, additional pressure will force the palm into complete supination, which represents varus in the foot.

By the application of this idea, the weight of the body may be made a beneficent, instead of a harmful, factor in the progress of a case of talipes varus, and the walking-brace should be constructed with this in view. It should be made of steel, and by an instrument-maker. One of its functions is to act as a lever, but the leverage is applied not chiefly to overcome the deformity by direct force, as in

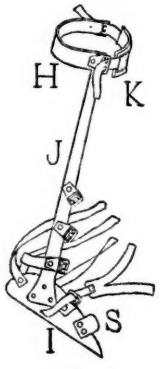

Fig. 9.

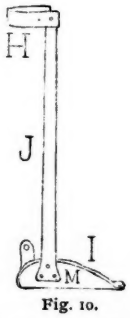

Fig. 10.

the retentive brace above described, but to hold the foot on the right side of the boundary line above mentioned, so that the weight of the body may straighten the foot, or overcome the varus in a direct and forcible manner, without general or local inconvenience.

The walking-brace consists, as usual, of leg-band, H, Figs. 9 and 10, foot-piece, I, and upright, J, riveted firmly together. A movable joint at the ankle should be discarded, as it undermines the lever by introducing an element of instability, and, in this brace, serves no good purpose. Mild steel alone should be used, to facilitate alterations in shape, as point after point of improvement is gained, and to make easy the shifting of buckles and straps, as may be required, all of which may be done by the use of a few simple tools. The upright is to be on the inner side of the leg, as in Fig. 14. The upper part of the brace makes counter-pressure on


Fig. 11.


Fig. 12.

the inner side of the leg, but it has another important function, in previously neglected cases, which is secured by the steel band passing across the back of the leg, to which are fastened two buckles for the attachment of a piece of webbing, K, in Fig. 9, which passes across the front of the leg. The steel band should make no pressure on the limb, as its use is simply to furnish attachment to the buckles. A piece of webbing, spanning the front of the leg in this manner, and carrying a pad, performs an important service in cases like the one shown in Fig. 12, in which, from previous neglect, the varus has not been reduced before walking begins. It transfers a part of the weight of the body from the anterior part of the sole of the foot, where it interferes with the correction of the varus, to the upper part of the anterior surface of the leg, where it is powerless to interfere with the treatment. That the weight-pressure thus transferred is considerable, is shown by the callus and bursa which appear where the padded strap crosses the leg near the tubercle of the tibia. This mechanical effect is similar to that of the brace, shown in Fig. 11, used in the treatment of paralysis of the muscles of the calf, resulting in talipes calcaneus.

The upper part of the brace is also to be considered in another light, as follows: In previously neglected cases it is well to incline the upright 15° or 20°, or more, backward from the vertical of the foot-piece, as is shown in Fig. 9. Although correction of the equinus is postponed by this inclination of the upright, we are thus enabled to apply a better leverage against the varus, and when the varus is reduced, and the time arrives when the equinus is to be corrected, this backward inclination of the upright is to be lessened from time to time, till the vertical is reached, as in Fig. 10, or, till the upright has an inclination forward, allowing the corporal weight to fall more and more on the anterior part of the sole of the foot, and gradually lengthen the tendo-Achilles. The vertical upright, Fig. 10, is to be applied at once to patients in whom the deformity has been corrected before walking begins.

We will now pass to a consideration of the other end of the brace—the foot-piece—which is to be made of sheet steel, ranging from 18 gauge, for a child learning to walk, to 13 gauge for an adult. It has the usual tread, L, Fig. 13, and riser, M, Fig. 10. The heel cup is formed by a piece of webbing, N, Fig. 13, passing behind the heel, from the lower part of the upright to a spur, O, Fig. 13, which projects upward from the back part of the outer border of the tread.

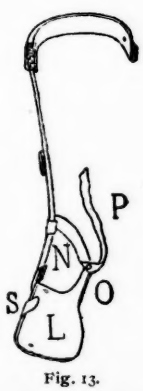

Fig. 13.

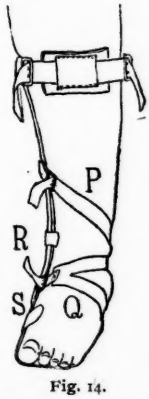

Fig. 14.

Viewing the apparatus again as a lever, for the forcible reduction of varus, in a previously neglected case, counter-pressure is made along the inner border of the foot, and on the upper part of the inner side of the leg, while pressure is made by one strap, or more than one, riveted and buckled to the foot-piece and the upright. But one strap is shown, P, in Figs. 13 and 14. This will be sufficient in the case of a child whose varus has been corrected before walking begins, but in a previously neglected patient, in whom the varus has yet to be reduced while the child is active on his feet, two, three, or more straps may be added, as shown in Fig. 9, partly encircling the foot, ankle and leg, the positions of the buckels and the straps being where they will assist most efficiently in opposing the varus, and holding the foot in the best position to receive the weight of the body. These parts of the apparatus may be shifted many times, with advantage, in the treatment of a given case of unusual difficulty, and, in addition, a most efficient agent for applying continuous pressure is found in a strip of adhesive plaster, Q, Fig. 14, sewed to a piece of webbing, R, the plaster partly encircling the foot and ankle, with a single tail, or two tails, as may be required, and the webbing being drawn tightly and buckled to the inner side of the riser. This device does more than simply to increase the amount of pressure; it also keeps the heel down on the tread of the foot-piece and, more important still, it gives the foot a rotation outward, and thus directs the sole of the foot forcibly toward the ground, in the best position for making the weight of the body a corrective instead of a deforming force. The riser of the foot-piece may also, in previously neglected and difficult cases, carry an ear, S, Figs. 9, 13, and 14, made of sheet brass, which is to be bent downward over the first metatarso-phalangeal joint, to prevent the inner border of the foot from overriding the edge of the riser. The foot-piece is to be lined with adhesive plaster, in several thicknesses, if necessary, to prevent rust, and with a piece of leather fastened to the tread and spur with copper rivets, as shown in Fig 10. In practice the details demand as much attention as the principles of treatment. The brace is to be applied over the stocking, the strap, R, passing through a hole cut in the stocking, and is hidden by the patient's trousers and shoe.

We will now consider the upright of the brace. It is a flat, tapering bar of mild steel and, when first applied to a previously neglected case, such as is shown in Fig. 12, should have a curve resembling

that of the varous foot. The bar, though sharply curved, as is Fig 13, should, however, be somewhat straighter than the foot, when the latter is forced manually into its best position. The multiple straps, shown in Fig. 9, should then be buckled and tightened daily till the continuous leverage has partly reduced the varus. The upright bar should then be somewhat

Fig. 15.

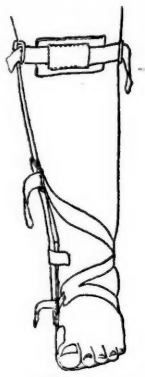

Fig. 16.

straightened, and another point of improvement be gained, the patient in the meantime following his ordinary pursuits without interruption. In due time the upright bar, and the foot itself, will both be straight, as seen in Figs. 15 and 16, in other words, the varus will be reduced. The upright should then be bent, from time to time, in the direction of valgus, as seen in Fig. 17, and the persistent and

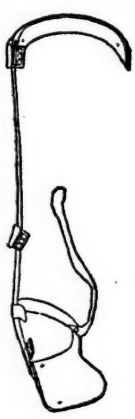

Fig. 17.

Fig. 18.

gradual effort resumed until the foot has been pushed, or pulled, or pried, over the boundary line, into the domain of valgus, as seen in Fig. 18. These efforts would not be necessary if the varus had been converted into valgus before the child had learned to stand. In very badly neglected cases the interference of the weight of the body with the treatment may be prevented by the recumbent position, or the use of a high sole on the well foot and the ischiatic or axillary crutch, until the varus has been materially reduced. In all cases, when the child is old enough to be docile, domestic instruction and drill in eversion of the foot, and in the proper management of the foot in locomotion, should be a part of the education.

As soon as the foot has reached the valgous shape, whether it be at the moment of learning to walk, or only after prolonged effort, in a neglected case, a curious effect will be observed. It will be seen that the

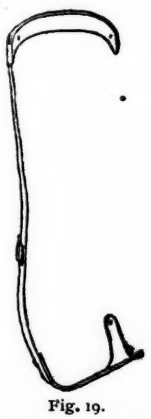

Fig. 19.

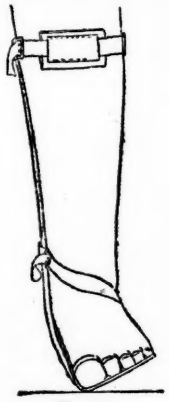

Fig. 20.

outer border of the tread of the foot-piece is raised from the ground, as seen in Figs. 19 and 20, and that we have secured, in a convenient manner, the effect which is sometimes sought by building up the outer border of the sole of the patient's shoe. This is a welcome and powerful ally in our attempts to hold the foot in a favorable relation with the weight of the body and the ground.

The walking-brace has been above described as though its chief use were to reduce varus which has become more or less confirmed by the habit of walking on the outer border of the foot. Strictly speaking, such cases should never occur. They are, however, too common and always indicate that the child has been neglected from the period of recumbent infancy, when deformity of this kind is the most easily overcome. If the varus were

always corrected before the child learns to stand, then the only use of the walking-brace would be, as snown in Figs. 19 and 20, to gently hold the foot in valgus, so that the weight of the body shall be sufficient to lead the child to grow up with a foot practically normal. As such a child outgrows the brace, a larger one is to be made, and, when three or four years old, the foot will, without the help of the brace, strike the ground so fairly that, for two or three years, all treatment may be suspended. The patient is to be observed from time to time, however, and, as the foot grows in its original inclination to varus, it will, after the lapse of two or three more years, have to be kept in proper position, under the rapidly increasing weight of the body, by a walking-brace adapted to its needs, for another period of two or three years. When the foot is full-grown it will be shapely in appearance and practically perfect in its ability to perform all the duty of a foot congenitally normal.

Although congenital club-foot has been chiefly kept in mind in the above pages, the views expressed in regard to the influence of the weight of the body are applicable also to talipes varus of paralytic origin. In this affection, at an early stage, and before the foot has lost its flexibility, a simple walking-brace is needed, as in Figs. 19 and 20, to properly direct the action of the weight of the body on the paralyzed foot. At a later period, if this measure has been neglected, and the foot has been allowed to become varous, and more or less inflexible, the case will require more attention and probably prolonged effort, with multiple straps and adhesive plaster, to carry the foot across the line between deformity and the norme, to the position in which the weight of the body shall be a correcting and not a deforming force.

"RATIONAL TREATMENT OF TYPHOID FEVER."—In this connection I would repeat what I have already said of the bichloride salt, viz.: that it is, "in one sense, the most certain antipyretic known to me." By this I do not mean that it is a suitable remedy to quickly reduce a dangerous temperature, but that in that indefinite class of fevers variously diagnosed as remittent, or as typho malarial and conforming to no typical form, I have repeatedly seen the temperature steadily diminish from day to day, without reaccess of the fever, and with corresponding improvement in the collateral symptoms, under the use of the bichloride salt in $\frac{1}{24}$ to $\frac{1}{12}$ gr. doses, three to six times a day. "I believe that it exerts the same controlling influence in many cases of typhoid, and may even shorten the natural course of the disease without risk to the patient."

How this action is brought about, unless by the limitation of ptomaine formation in the intestine, I am unable to surmise.

To summarize what I would take the liberty of calling the "rational" treatment of typhoid fever: it should combine the good features of the anti-mycotic, the antipyretic, and the expectant or symptomatic plans.

1. It should sustain the patient, by ventilation, quiet, and careful nursing; a diet of liquids only, and containing a minimum of nitrogenous principles, *e.g.*, milk, boiled to prevent possible danger of adding infection to infection, and slightly thickened with well-baked wheat flour, to prevent formation of large curds in alimentary canal, as well as to add to its dietetic value. Broths (not beef tea), malt preparations, alcohol, pure water in abundance, fruit juices, clam juice, koumiss, and buttermilk when they agree.

2. Attempt to remove or abate the cause so far as practicable by the administration of remedies which tend to favor intestinal anti zymosis, preferably the bichloride mercury in $\frac{1}{16}$ gr. doses, three or four times a day.

3. Symptomatic treatment as indicated in the individual case.

4. Promote removal of products of tissue oxidation, "the ashes of the fire," by attention to skin, kidneys, bowels and lungs.

5. Secure prophylaxis by boiling all soiled linen and bedding, and disinfecting stools and urine with corrosive sublimate, or sulphate of iron solutions.

In my opinion, the plan of treatment which best meets all the indications mentioned, recognizes the modern advances in the pathological, bacteriological, and chemical sciences, and conforms to the requirements of a rational therapy.

—T. W. Langdon, in *Jour. A. M. A.*

The Times and Register

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MEDICAL THEORIES, PAST AND PRESENT.

SINCE the appearance of man on the earth disease has been more or less prevalent, and the natural tendency to trace effect to cause led to the desire for the removal of the cause, in order that a normal state might be again enjoyed. Because observation and judgment are essential to this end, and since neither could be exercised without the participation of the reasoning faculty, it follows that the ideas suggested by the former, when condensed and correlated by the latter, would give a mental picture of the disordered condition. These speculations were called a theory. As mankind dispersed over the earth, and more individuals gave their attention to the subject, each would have theories of his own; after a time, by the interchange of ideas, a certain amount of agreement would be reached, a new theory would be formulated, and prevail to a greater or less extent. Then, some original investigator would point out fallacies, and, if successful in gaining adherents, would launch a new theory, which lasted until some one else played the rôle of iconoclast.

Theories in medicine have appeared in the past (and doubtless will in the future) to move in cycles, or periods, after prevailing for a time, have been relegated to oblivion, then resurrected, either in their old form, or with modifications. As the human mind has always pursued the same lines of thought, it is not surprising to find that many of what we are accustomed to look upon as modern ideas have been anticipated and partly worked out by our predecessors of long ago. For instance, the most modern belief, the germ theory, was advanced very early in the history of medicine (Flint), but was ridiculed and neglected, until revived by Linnaeus, and advocated by Pasteur, Koch and others of our own times.

That among the ancients there existed theories of medicine is evidenced by the fact that among the Egyptains the physician was controlled by certain regulations for the care of the sick. If he practised within these he might be quite unconcerned as to the result, but if he ventured to indulge his own ideas, he was answerable for non-success at the cost of his head. Herodotus states also that every physician was confined to the practice of a specialty. Contemporary nations probably derived their medical ideas from the same source. The medical and sanitary code of Moses was, of course, but the promulgation of the knowledge he obtained during his sojourn among the Egyptians.

We have only to go over a list of the names of prominent physicians from the Dark Ages to the present time, to find that each represents a separate theory of disease, and as every one of these had his following we have just so many schools of medicine started for the dissemination of the nations, and practice of the same. From the flotsam and jetsam of these discarded theories there has, by a process of elimination, been built up the science of medicine as we have it to-day. The more recent theories have shared the same pruning operation; for example,

hydropathy, venesection, the etiology of fevers, of insanity, and other diseases.

As the collateral sciences of hygiene and dietetics have advanced many old errors have been eliminated. In place of confined apartments, without regard to the prevention of contagion or infection by means of ventilation, isolation and disinfection, these means are now availed of to the greatest possible extent.

Instead of epidemics being regarded as evidences of the wrath of the God we know them to be the result, in great measure, of violation or ignorance of the laws of health, and can accordingly, to some extent, control them. Since the microscope has taken a front rank, both as an instrument of precision and an important means of diagnosis, we are beginning to arrive at an understanding of the primal causes of disease, and are better prepared to combat them in their incipiency.

From the superstitions of the "Dark Ages" to the demonstrations of to-day is a great stride forward, but those feeble and occasional gleams of actual knowledge obtained from the discarded theories have been the factors in the evolution of the brilliant light of medical science as it is now.

Theories are as abundant to day as ever, and reactions as certain to occur. We need only mention Brown-Séquard's "process of rejuvenation" by means of testicular elixir, or juice; Bergeon's carbonic acid injections, and the different inhalations used in pulmonary tuberculosis, and last, the widely heralded lymph (Koch's "means of emancipation" from the disease) (eternally in some cases), which has already begun to encounter the assaults of the doubters, and whose ultimate fate hangs in the balance. The antiseptics, too, which have been pushed to an unlimited extent, are being questioned by some who believe that a substance strong enough, and sufficiently far-reaching in its effects to kill the germs of disease, may also form sufficiently strong to set up an irritation of the healthy tissues and cells, which latter state may become as bad as the former.

The "extravagancies" of the germ theory and its allied antiseptic treatment will yet be pruned down, and after a period of further investigation may arrive to a more glorious and more rational use in the hands of the physicians of the future.

E. W. BING.

Annotations.

GERM-CATCHERS.

IN our last volume Dr. Dixon told our readers how he found the bacilli of tuberculosis in the dirt scraped from a woman's trailing skirt. We are fully aware that if the ladies consider trails in fashion, trails they will wear, even at the risk of bringing back to their homes the germs of all known infections. Of course, they will be very much grieved if the children die of diphtheria, scarlatina or measles, but no self-respecting woman will wear a short skirt in the street when fashion prescribes a trail. We men may rail and rant about it, but what woman wouldn't face all the ills in Pandora's box rather than be called a "dowdy?"

WE have received a bound copy of the Annual Message of the President of the Medical Association of the State of Alabama, for 1892, Dr. B. J. Baldwin, of Montgomery. From this paper we glean the following items of interest in regard to our Alabama brethren: In 1891 her health was looked after by 1,745 regular physicians, in addition to whom there were 58 illegal practitioners, 18 homœos, and 19 eclectics. Since 1878 there wer 507 graduates of Southern colleges who came before the examining boards, with 66 rejections, or 13 01 per cent. Of the Western colleges, 36 candidates appeared, with 7 rejections, or 19.40 per cent; while often 74 representatives of Northern colleges, 7, or 9 45 per cent. were rejected. Of 7 non-graduates, the rejections were 2, or 28.5 (misprinted as 2 85 in the report); while 5 graduates of foreign colleges all passed. Candidates before the State Board evidently faced a more trying ordeal, as out of 44 candidates the failures reached over 70 per cent.; and in the case of non-graduates, 85.18 per cent.

SWEATING IN THE PROFESSION.

A VERY significant reflection on the condition of the medical profession in Great Britain is found in the following article from the *Hospital Gazette* on "Medical Aid Associations:"

"At first sight, one is disposed to take a rather severe view of medical men who sell their services to Medical Aid Associations, but there is evidently something to be said on the other side. Witness the following remarks culled from a letter published by a contemporary on this subject: 'The man who graduated at the very bottom of his class, buys a practice soon afterwards, and pays his old classmate, the first man of his year, perhaps, £125 a year to do work for which the patients pay £1,000 a year. For £2,000, suppose he buys £1,500 a year net, puts two thirds of the work and all the drudgery on his assistant, knowing that the work will be better done than if done by himself, and thus besides the opportunity of earning £500 a year by his own work, gets 50 per cent. on his capital. The assistant feels that he is badly treated, and yet cannot resist; but the patients, learning that they pay £1,000, for what can be had for £125, form a Medical Association, give the former assistant a salary of, say, £250, and thus, though obtaining exactly the same services, save £600 or £700 a year. The late principal is, of course, vexed at losing a large part of his income, and calls his rival hard names, a 'degrader of the profession,' a 'public sinner,' and so on, and forgetting that he himself had been a party to a contract in which a qualified man undertook certain work for £125 a year, denounces as low one by which twice that sum is earned for the same work. He has, however, only himself to blame, for had he been content with 20 or 25 per cent. interest on his capital, his assistant would have had such a salary as would make him refuse the Association's offer. It is hardly necessary to say that I am not referring to any particular case, but illustrating by an example the method of dealing with assistants which is, I believe, largely responsible for the formation of the societies mentioned. As to Mr. Pike's plan of forming a strong trade union among medical men, by which the action of the House of Commons might be treated with contempt, I may say that popular feeling would be opposed to such a union among men who have comfortable incomes, that it would be called by the odious name of a ring, and if it gave any trouble, would be declared illegal. Finally, as to the impression upon the mind of the public, I may point out that the public know the value of medical services from the salaries offered to qualified men by advertisements in the press. When they see that one medical man values another at £50 a year and food, etc., their opinion cannot be lowered by seeing a third take a much larger salary from a lay association.' Sweating is detestable inside or outside of the profession, but if one must be 'sweated,' it is easy to understand that the victim would prefer to undergo the operation at £250 per annum in a comparatively independent position, than to do so as an assistant at £50 or £100 'all found.'"

INDIVIDUAL DUTIES.

WHEN the community is threatened with grave danger, such as would result from an invasion by cholera, every citizen has certain duties to fulfill. The recognition of these personal obligations constitutes a striking difference between our own people and the masses in all European countries. There, in all great emergencies, the Government is the source of activity to which the public looks for help. Here, the public helps itself; the Government is altogether secondary, and is only called upon in rare emergencies, or when individual exertion must be replaced by the organized and trained efforts of a number working as a harmonious whole, as in the case of the fire department.

But, in the present emergency, there is need for individual action to aid the organized efforts of the Board of Health, and this can best be done by adopting a suggestion of the Health Officer, Major Veale, and forming block sanatory associations.

When the Health Department, with a force calculated for ordinary duties, is called upon suddenly to enlarge the work to the extent required by an impending epidemic, some difficulty is sure to be experienced. New men must be secured, and require time to be inducted into their new duties, the extent and limitations of which are not known intuitively, but require a little experience. Nuisances, real

or imaginary, are reported in such numbers that some delay is inevitable in dealing with them. And yet, delay is often dangerous in itself, and also in its effect on the minds of those who do not reflect that a city of a million inhabitants cannot be covered as quickly as a small town. But just here lies the great value of Major Veale's suggestion, that it applies to every section of the great city the minute personal supervision that can be given to the town—in fact, it divides the city into a multitude of little towns.

The plan is this: Let the citizens of each block meet and form a sanatory association that will look after the needs of its own territory. Such a body can see that the street cleaning, garbage and ash collection are done in accordance with the law; the members can make a house to house inspection in far less time than the regular officials could possibly do it, and report to the latter any house, cellar, alley, yard, cesspool, gutter or vacant lot, whose condition requires attention. Moreover, they can do the work that a whole army of inspectors could hardly accomplish, in seeing that all such places are not only cleaned, but kept clean.

Besides this, the moral influence of such a body in upholding the health authorities in their labors would be of the greatest value. Some of the illiterate classes are disposed to look on a sanatory inspection as an insult, and occasionally the rowdy element renders the inspector's duty very unpleasant, whereas, a committee of the leading residents of the block, accompanying the city official in his efforts to ward off disease, by giving the benefit of his skilled advice, puts the whole matter on a different basis.

Should we have a development of cholera here, such an organization would doubtless be formed at once, but it is surely wiser not to wait until the enemy is within our defenses. All the studies recently made of cholera, go to confirm the old adage that "an ounce of prevention is worth a pound of cure."

Modern science has added scarcely anything to our means of treating cholera; it has proved most conclusively, over and over again, that we can prevent this and all other epidemic diseases by cleanliness. Philadelphia is a clean city, comparatively speaking. She could scarcely suffer from such calamitous visitations as fell upon Marseilles, Toulon, and Hamburg. Still, there is much that should be done in the dark corners; many a nuisance that would be abated at once if the finger of public shame was pointed at the owner of the premises. Let it be known that a committee of the neighbors is about to pay an official visit, and there would be a most wholesome cleaning up of the neglected spots, where disease germs might otherwise be nourished.

Letters to the Editor.

SYNCOPE FOLLOWING THE LOCAL USE OF COCAINE.

A man came to have a piece of emery removed from the eye. As sufficient steadiness could not be obtained, a weak solution of cocaine was used, in small quantity. The speck was easily removed from the cornea, but left a slight stain; a little more of the solution was used. Suddenly the patient said, "I don't want any more of that gas," became pallid, cyanosed, unconscious and limp, with stentorous breathing. He was immediately stretched out on the floor, and almost at once revived and sat up. He said his only sensation was a sense of sinking in the stomach, but had no inclination to vomit. The return to consciousness was accompanied by a rather profuse sweat. Was this due to the cocaine, or to an ordinary fainting attack?

E. W. BING.

[A number of cases have been reported in which corresponding symptoms followed the local application of cocaine. Two occurred in my own practice. In both, the patients were persons who could be expected to faint on any suitable occasion, and my impression is that this is true in all, or nearly all, the reported cases.

W. F. W.]

CHRONIC DIARRHŒA AND MUSCULAR PAINS.

I AM a reader of your valuable journal, THE TIMES AND REGISTER. I like your special numbers more each time they are issued. When bound in library form they will be invaluable for reference.

I have a patient, whose condition I will relate, and I would be pleased to have your advice concerning him.

Male, age sixty-six years; always enjoyed good health; height five feet eight and one-half inches; weight one hundred and seventy-six pounds. About three years ago he began suffering from muscular rheumatism of his trunk and upper extremities. He has a chronic diarrhœa at times; says he has had it since he was in the army service. Medicine has not benefited him. He does no hard work; has a good appetite and sleeps well. I thought if he could drink some water from the Bedford Mineral Springs it would benefit him. He cannot well go to the Springs, but thought he could have the water sent to him here. I would like to have your advice if there are any springs in Bedford that would benefit my patient, and if so, could the water be sent here. If the Bedford Springs will not benefit him what would you advise?

C. M. LENHART, M.D.

ZANESVILLE, OHIO.

[I would advise half a glass of the Bedford magnesia water to be taken every morning before breakfast, as hot as it can be borne. If this purges, let him take half a pint by enema, hot, with 10 drops of laudanum and half a drachm of bismuth subnitrate dissolved in it. Diet: hot milk, raw beef, raw white of egg, and bovinine if any strengthening agent be needed. Your druggist can obtain the Bedford water by writing to the Springs (see advertisement). For the muscular pains, faradization and inunctions with hot lard.—W. F. W.]

CASE OF SCIATICA TREATED BY FARADIC CURRENT.

SEPTEMBER 10 there came to my office a German named Gus G. His home is eight miles north of Wittemore, a town twelve miles distant in an adjoining county. Sciatica of the right hip the disease. His condition was pitiable. For six weeks he suffered, having contracted the torment while driving a binder. On examination I found pain intense, and several rectangular spaces of blistering on the hip. I tried deep injections of morphine and atropine, and succeeded in at least lulling the pain. This I continued for two days, and then began the faradization. From the start the electricity told, and after four days the man could walk upright, and is free from pain.

I used the salicylic treatment in conjunction with the electricity. While the patient held either positive or negative pole I used its fellow with brush or ball. My battery is an ordinary pocket one, and in this case it amply justified the great repute of electricity in sciatica.

W. J. NOLAN, M.D.

EMMETSBURG, IOWA.

A SINGULAR NEUROSIS.

I HAVE been actively engaged in the practice of medicine for the last twenty-six years. I received my medical training at the Medical College of Virginia and Bellevue Hospital Medical College. I am of an unusually long-lived family; all my grandfathers and mothers having died between eighty and ninety years of age. I am five feet nine inches in height, weigh one hundred and seventy pounds; have very black hair and beard, with rather fair skin; dark grey eyes. I have never had a serious sickness, with the exception of ague in 1868, contracted on the Mississippi river. I have lived in Florida eleven years. I am troubled with hemorrhoids to some extent. But to my trouble Just as I begin to doze off at night, or lose consciousness, I awake with a scream, or cry of terror, which, as well as I can tell, is caused by cramp of the stomach or of the heart; sometimes I think it one, sometimes the other organ affected. It never lasts over two seconds, and as I am only partially conscious I cannot tell much about it. I am wide awake then for, perhaps, ten or more minutes, when the same thing is repeated over and over during the night; until about three o'clock in the morning I drop off into a refreshing sleep, feeling none the worse during the day. Now I have been troubled in this way at least four years, *every* night, unless I take chloral, which is the only relief or remedy that has given me any relief. I have tried somnal, antikamnia, etc., *ad infinitum*. Morphine I cannot take at all; it appears to aggravate the trouble. So you see I am becoming a confirmed slave to the chloral habit, and I am sure it is beginning to affect my general health, my nervous system, and more than all, my mind. Now as to the cause of it. My father, who died two years ago, and had been in practice for fifty years, contended that it was from overeating at supper; but I am sure this

is not the cause of it, as I have tried going to bed supperless, night after night, with a repetition of the same *horrible* sensation. I have tried all kinds of diet, but it seems to have no beneficial influence on the trouble. From boyhood I have been troubled with acid stomach after meals, for which I have taken about half a teaspoonful of bicarbonate of soda for the l st thirty years. I imagined that this had something to do with it, and stopped the soda with no perceptible results.

Now I am an inveterate tobacco chewer, don't smoke, but chew almost incessantly when awake. I have tried often to give up the habit, but have a tendency to accumulate fat, and begin to increase in weight as soon as I leave off the tobacco, and this increase in fat aggravates my peculiar symptoms. Now, doctor, what am I to do? If you can assist me I sincerely trust that you will do so. I am willing to try anything. In my twenty-six years of practice I have never met with a similar case. * * *

[Stop the tobacco, chloral and soda at once. Limit your diet to milk, lean meat, cooked fruits and vegetables, and a very little stale bread or crackers toasted. Avoid sugar, fat and starches, pork, veal, peas, beans and cheese. Take the toast with hot milk alone for supper. If hungry at bedtime, take a glass of hot milk.

℞.—Acid hydrochlorici dilut..... ℥vj.
Vin. ipecacuanhæ..... ℥ij.
Strychninæ sulphat..... gr. j.
Tinct. hydrastis..... ℥ij.
M.—S. ℥j in water with the first part of each meal.

Gradually increase the strychnine to toleration.

After supper, take $\frac{1}{50}$ gr of tartar emetic every ten minutes until slight nausea or giddiness manifests itself.

If the acidity be present, take a pinch of bismuth subnitrate.—W. F. W.]

The Medical Digest.

EXUDATIVE LARYNGITIS—A SUBSTITUTE FOR INTUBATION.—L. L. Palmer (*Ontario Medical Journal*, September, 1892, p. 57), suggests the removal of the exudation by means of a camel's-hair brush on a platinum probe, the bristles pointing to the handle. This is carefully introduced into the larynx, as in intubation, and the membrane removed by the instrument or by the subsequent coughing. Instead of the brush a probe wrapped with absorbent cotton may be employed.

PREVENTION OF MISCARRIAGE.—G. R. Watson (*Ontario Medical Journal*, September, 1892, p. 56), records several cases. In one the pains were arrested in the active stage by half drachm doses, each of laudanum and fluid extract viburnum prunifolium. The fœtus was then dead, and was removed easily three days later. In the second case there was a history of repeated abortions, but no specific history. Iron and iodides were given during pregnancy; the child was born at the eighth month, but lived. The third case was a woman who had aborted several times; was three months pregnant; os dilated, hemorrhage present, with pains. A drachm of viburnum opulus was given every twenty minutes in hot water, a belladonna suppository introduced in the rectum, and when this organ was quiet, an enema of hot water administered. The miscarriage was prevented.

DISEASES OF THE RIGHT ILIAC FOSSA.—*General Conclusions.*—1. Never adopt the rule of making operative interference the last resort in the treatment of disease peculiar to the right iliac fossa.

2. The only genuine safety for a patient with a diseased vermiform appendix is to have it placed in a bottle of alcohol for the adornment of some surgeon's pathological museum.

3. Early operation in disease of the vermiform appendix is the only safeguard against recurrent attacks of inflammation, perforation, suppuration and death.

4. Never wait for suppuration in attacks of acute appendicitis. Such practice is just as sensible as it is to wait for stercoraceous vomiting and gangrene of the bowel before operating in strangulated hernia; for, like in strangulated hernia, procrastination is the thief that has stolen thousands of patients from the physician and surgeon, and given them to the undertaker.—Reed, *Lancet-Clinic.*

CHOLERA.—Parkin recommends the following treatment: Dissolve thirty grains of pulverized carbonate, or bicarbonate, soda or potassa in a large tumbler with two ounces of water and two drachms of syrup. Thoroughly mix. Dissolve thirty grains

of citric or tartaric acid in an ounce of water, pour into the first tumbler and drink before effervescence ceases.

Instead of the solution of acid an ounce of fresh lemon juice may be used. You need not then add the syrup as the mixture is sufficiently tenacious. In the preliminary diarrhœa take three or four doses as above at two hour intervals.

THERAPEUTIC NOTES FROM THE FRENCH.

(E. W. BING, M.D., CHESTER, PA., TRANSLATOR.)

NOCTURAL INCONTINENCE OF URINE IN CHILDREN, AND ITS TREATMENT BY THE TINCTURE OF RHUS RADICANS (Dr. R. St. Phillipe).—Nocturnal incontinence of urine is an affection, or rather an infirmity often met with in children, whose cause has often been discussed, without having been definitely established, and whose treatment has tried the knowledge of physicians, by its bizarre and tenacious characters.

The diversity of opinion, and the multitude of remedies, plainly indicate that it does not always depend on the same cause. The mechanism alone, must be always the same, and it is just here where the difficulty lies. Excepting all anatomical proof, there only remains physiological interpretation which is difficult of demonstration however ingenious and rational it may be. That is why science is still seeking for an absolutely satisfactory theory of this special form of incontinence, which belongs almost exclusively to childhood and which distresses and worries the parents not without reason. What should we understand by the term "incontinence?" When a child who has previously had complete control of his bladder, suddenly loses that power while in good health, we say that he is a subject of incontinence. This incontinence may be diurnal. It happens then, that the child may be pressed with the necessity for urinating and may let a few drops escape. But this is a somewhat different affection, and nearly always connected with organic lesions. Quite otherwise is nocturnal incontinence. The involuntary emission occurs from an hour and a half to two hours after retiring. It is usually a single occurrence, sometimes it may occur in the morning.

According to Samuel Adams, this incontinence was met with 55 times in 19,261 children treated in the hospitals of Georgetown, Boston, Philadelphia, or about 1 in 350.

The disorder persists for months, years, and sometimes into far advanced adolescence, and, contrary to common opinion, it resists till dentition, puberty, and even (saving exceptions) until marriage. Then some day, after having escaped all pursuit, it suddenly vanishes spontaneously, leaving no traces, or on the contrary leaving as sequels, seminal emissions, frequent and imperative calls to micturition, and even the formidable neuroses of hysteria, or epilepsy. Oftentimes it has been preceded or accompanied by nightmare and nocturnal terrors, another sign of hereditary psychopathy. This incontinence must be distinguished from incontinence following distension of the bladder. It must also be distinguished from secondary or symptomatic incontinence. When a child presents itself with urinary weakness, many points are necessary to the diagnosis.

It is necessary to seek:

1. If there exist any malformation, lesion, or alteration of the genito-urinary organs capable of explaining the fact, such as phymosis, balanitis, vulvitis, calculus, etc., if any neighboring parts are affected, as vaginal fissure, rectal fissure, worms, or if the urine is normal.

2. Whether the child is addicted to masturbation, an important factor, not always easily traced, the mother being loath to accept any conclusion of this kind.

3. To discover if the involuntary micturition is the result of a commencing lesion of the spinal cord or column, or if it is a symptomatic manifestation of epilepsy, which is, as well known, frequently nocturnal. If, in short, it can be traced to weakness, caused either by fear or by dreams. And when the ground has thus been cleared, and the question narrowed down and circumscribed, one will be authorized to conclude as to the existence of "essential" nocturnal incontinence of urine.

The characteristics of this affection are then to be primitive; to be involuntary; to be independent of repletion of the bladder; to be produced at night during sleep and in the recumbent position. What is then the pathogeny; what the mechanism of this affection; how and why is it produced?

Some say with Trousseau, "Involuntary micturition is due to excessive irritability of the bladder and increase of its ex-

pulsive power," and base their treatment by belladonna on these suppositions. But, as Sardac says, "It is difficult to admit that this irritability exists without determining cause, and one cannot see why the incontinence should cease during the day;" others pretend that the sole cause exists in atony of the posterior urethra, the sphincter of the bladder, the bladder itself counts for nothing. This explanation which seems to confirm the treatment by electricity which results from it is not applicable to all cases. It scarcely accords with the teachings of physiology.

In healthy children the idea of atony limited strictly to the vesical sphincter is rather far fetched, and one has to seek further for the cause. The true cause must be sought for in the nervous system. There exists in the cord (as shown in the works of Budge), two distinct routes for the motor nervous filaments of the bladder, one is in the anterior roots of the third and fourth sacral nerves; the other is by the hypogastric plexus. The first connects with the brain by a nervous cord which descends from the cerebral peduncle in the anterior columns of the spinal cord. As to the vesical nerves contained in the plexus, they came from a very limited part of the lumbar cord.

Things being so, says Jaccoud, in his book on "Paralysis," the fibers which transmit the voluntary impulse to the bladder, that is to say, the motor fiber of the sphincter, should be contained exclusively in the cerebro sacral bundle, as the motor fibers which, arising in the cord, reach the bladder by the hypogastric plexus they are completely foreign to the voluntary act, and are distributed to the expulsory muscles. One may observe further, in a state of health, a fact which well exemplifies the antagonism of the two orders of vesical nerves. The complex muscular act which influences micturition is a reflex act, which succumbs to the special sensation produced by fullness of the bladder; when this impression, transmitted to the cord, has excited the corresponding motor group, and micturition is about to take place, the will, put in play by another reflex, may determine a strong contraction of the vesical sphincter and its congeners in the urethra, and oppose efficaciously, during a longer or shorter time, the effects of the contraction of the expulsory muscles (formerly called the muscles of the body of the bladder) "*en résumé*," the cord exerts a double influence on micturition, for which it is at the same time a functional center and a simple agent of transmission, and in that way allows us to understand the functional inertia of each of the motor systems of the bladder. But since the nervous system may be altered in its texture, as in paralysis, or in its functions, as in inhibition, the complex act of micturition undergoes a splitting up, the reflex which goes to the brain to solicit the will, that is to say, the resistance—the obstacle—the contraction, will no longer act, the mechanical act alone will be in operation, and the evacuation will take place without warning to the subject. It may not even awake him.

Children subject to essential incontinence all present, authors are unanimous on this point, an organic hereditary defect. Their nervous system is not in equilibrium.

Sleep, which for others is repose of all the organs, brings to them, on the contrary, disorders of circulation, molecular changes, a sort of "neurolysis," with strange and multiple effects, here showing themselves as nightmare and terrors, there as sonnambulism and sudden cardiac palpitations, in others as involuntary micturition, spermatorrhœa, or even epileptiform crises. These are doubtless unhealthy, neurasthenic, hysterical subjects; therefore, it is not astonishing that they present disorder of a function which plays an important and even preponderating rôle. This interpretation appears to best meet the physiological facts. Children of this sort are "pollakiurics," that is to say that before having incontinence they have frequent need to arise to urinate, a quite exceptional thing at their age, and which already shows commencing disturbance, exaggeration of action of the sensory nerves of the bladder, an exaggeration which ends, according to a well-known law, in neurolytic exhaustion. Therapeutic indications should, the author thinks, be based on the above facts.

The remedy proposed by Trousseau, belladonna, whose action is real, if not constant, acts probably on the nervous system much more than on the muscular system of the bladder. The same holds with strychnine, suggestion, hydrotherapy, and reconstructive treatment. But

all these things proving useless something else must be sought. The author thinks he has found the desideratum in rhus radicans.

Rhus toxicodendron, poison ivy, is not the plant used by the author. The remedy is well borne, giving rise to no disturbance of the digestive function. No nervous action, except sometimes spasm of the bladder, on account of which patients experience a frequent need to urinate and some vesical tenesmus. It is just these phenomena which would make it likely that rhus radicans would be useful in the treatment by acting directly on the vesico-spinal center and indirectly on the bladder.

The author has used the tincture since 1890, with good results. The formula is as follows:

℞.—Rhus radicans leaves dried..... 1 part.
Alcohol (210 Carter's scale)..... 5 parts.
Macerate for fifteen days; express and filter.

To commence with 5 drops, morning and night, to children of two to six years, pushed in rebellious cases, and in children over six years to 40 drops per day. Usually a favorable effect is soon seen. When cured it is necessary to take it from time to time, as the habit sometimes recurs before its final disappearance. It must be well understood that the remedy will act so much the more surely as the disorder is of essential nervous origin. The author gives a statement of his cases: 5 cured, 6 improved, 4 unimproved, 15 cases.—*Journal de Med. de Bordeaux.*

TÆNIA.

M. BERANGER FERAND, in a communication on "The Geographical Distribution of Tænia in Man," presented to the Academy of Medicine, of Paris, says that it is difficult to establish this distribution for three reasons. For one thing our knowledge rests on isolated indications for a certain number of countries, while we know nothing precise for many others. For another thing the distinction between armed tænia and unarmed tænia being meant, one is often obliged to conjecture as to which variety an author speaks of. In the third place, it appears certain that following the periods where observations have been made in the same country, the frequency of such or such variety has oscillated with sometimes wide limits.

These reservations made, we can say that the armed tænia (T. solium), having the hog for its provisional host; the unarmed tænia (or T. medio-cannelata), living in the ox in the state of cysticercus; the bothriocephalus, haunting certain kinds of fish during its laval period, these parasites may be met with in man. The first, in countries where pork is largely used for food; the second, in countries where beef is the popular meat; the third, where the base of nourishment is fish. This teaches us that the Mahometans and Jews, to whom pork is an abomination, should be rarely attacked with tænia (armed), while, on the contrary, the Germans and in the Northern United States, where much pork is consumed, should often present it. Also it indicates to us that in countries where beef is consumed raw, or underdone, the unarmed tænia should be common. Finally, individuals who consume certain kinds of fish should be liable to bothriocephalus, whilst their neighbors, who avoid it, should be exempt. The facts corroborate these propositions, but the specifications are too general and vague to suffice us, and more detailed and precise indications must be sought; therefore, the author passes in review the five continents, speaking of both tænia and bothriocephalus.

EUROPE.

Tænia (armed) observed in all parts. Rare in Southeast where Mahometanism and the Jewish religion prevail; also in Turkey in Europe, the Danube provinces of the shores of the Black sea; relatively rare in Italy, France, Spain, and England, where pork, although eaten, is generally subjected to cooking processes. More frequent in Central Europe, in Germany, Austria, where pork is largely used—often in a raw state or insufficiently cooked to destroy the cysticercus. A number of observers have shown that in this part of Europe, the armed tænia is in close proportion to the quantity of pork consumed. It is therefore more frequent in Thuriugia, Westphalia, Brunswick, Hesse, and Wurtemberg, than in Switzerland and Austria. During the last fifty years, diseased pork has become rarer, and therefore there are fewer cases of tænia. This has been brought about by better methods of feeding and dressing. It has come to pass that in certain countries, as Hungary and Galicia, where armed tænia was formerly much more frequently met with than in Germany, that it is comparatively

more frequent to-day, not that it is really so, but because it remains stationary, whilst it has diminished in Prussia, Saxony, etc. A powerful cause in lessening this frequency of tænia in Germany, is the popular fear of trichinosis, which has resulted in better cooking of pork which, while it has destroyed the trichina, has, at the same time, killed the cysticercus.

Whilst the armed tænia seems to be met with by preference in Central Europe, the unarmed tænia is more usually observed in Southern and Western Europe. In Eastern Europe it is also frequent. It tends to increase in frequency in the Northwest and in England; in fact, Cobbold said that unarmed tænia became more frequent in proportion as armed tænia became more rare.

The line of demarcation between the two worms is not absolute in certain zones —both are met with at the same time. Still, in the basin of the Danube, the unarmed tænia is met with, while in that of the Neckar, it is the armed variety. Towards the North of Germany, tænia inarmata preponderates over tænia armata; also in Denmark. The unarmed species has increased in so singular a manner, that hygienists have propounded the following question: Is this tænia of recent origin? or is the apparent increase due to a better knowledge of the parasite? The first may be answered negatively, the second affirmatively, and also that there has been a real and marked increase.

The tænia nana (dwarf tænia), discovered at Cairo in 1851 by Bilharz, has been observed in different European countries, and it is probable that in time this worm will be frequently met with, especially in children.

Bothriocephalus.—This worm is met with in Europe, in two distinct centers—(*a*) French Switzerland round the great lakes; (*b*) Russian and Swedish provinces of the Baltic. In Italy it is on the increase; it is, however, rarer than the unarmed tænia. In Germany it is also increasing. It probably comes in the fish from Lake Stamberg, which have become infected by the dejections of Swiss tourists. It does not appear to exist in Austria or Hungary. The second center appears to be along the right bank of the Vistula. As the neighborhood of the coast, rivers and lakes is left behind, the worm becomes more infrequent, although it is rarely seen along the Scottish or Irish coasts. The reciprocal infection between fish and man, and *vice versa*, tends to increase.

ASIA.

The information on tænia in this continent is limited. On account of the predominance of the Mussulman population, tænia armata is comparatively rare. Tænia inarmata is more common in Tartary, Syria: here affecting one-tenth of the population. In India proper it is very common. Gordon says of the English population, that one in three is attacked after two years in the country. The etiological conditions of transmission of the worm is clear enough here, for the Mussulmans, who eat beef, are subject to it, while the sects belonging to the Buddhist creed are not affected by it, since they do not eat it. The worm is also frequent in Japan, Java, Tonquin, etc.

Tænia nana is not known in Asia. Bothriocephalus is also infrequent.

AFRICA.

This country, with certain regions, is the country *par excellence* of certain tapeworms. On account of Islamism, the armed tænia is rare, being met with most frequently in Algeria. Unarmed tænia is common to the whole country. On the Gold Coast it is rare, but about the Cape of Good Hope it is frequent.

Tænia nana was met with first, in this country, at Cairo, in a subject dead from meningitis.

Bothriocephalus has not yet been met with, but will probably soon be heard from in the vicinity of the great lakes, Tchad, Nyanza, Tanganyika, etc.

AMERICA.

America is not exempt from the parasites, and, as observations are more carefully made, the worms will be met with more frequently. In all American countries the colored races seem more disposed to the worms than the white race, this fact depending on better hygienic methods among the latter. "Tænia armata" has been met with in North America, and seems to be on the increase, on account of the pork industry; still, it is not as frequent in the United States as in Central Europe. In Mexico it is very rare. As to the T. inarmata, if it is rare in the North and Central America, it is

common enough in Brazil and La Plata, where the vast cattle ranges make a good home for it. It has increased rapidly in Chili and Peru. Where the country is well wooded it is infrequent. Dwarf tænia is comparatively rare. Bothriocephalus has not been often met with, probably on account of not being looked for. It will be met with round the great lakes.

OCEANICA.

As pork is much used in these islands, the rarity of T. armata is rather surprising. It may be that the hogs living on vegetable matter chiefly are not liable to the parasites. The T. inarmata is frequently met with in New Zealand and Australia. Bothriocephalus has not yet been met with.

—*Bulletin d' Academie deMédecine.*

N. B.—The terms armata, inarmata and nana refer to T. solium, T. medio cannelata and Nana respectively.—*Bing.*

PROSTITUTION IN PARIS IN 1891.—Among 2,941 registered women arrested for infractions of the ordinances, 251 only were in a diseased condition; whilst out of 2,637 unregistered women arrested for the same offences, there were 1,155 contaminated. The proportion, therefore, is about 8½ per cent. of sick among the registered, and 43 per cent. among the clandestine prostitutes. In Brussels, where the regulations are very severe, the proportion is still smaller. On the contrary, the number of patients among the clandestine prostitutes constantly increases, so that a new hospital ward has had to be opened to them.

—*L' Union Médicale du Canada.*

RESULTS CONSECUTIVE TO INTRA-NASAL CAUTERIZATION.—In a majority of five cases cauterization had been practised for enlargement of the turbinated bones, and the immediate result, so far as amelioration of the symptoms is concerned, has been variable. The patient returned (during two years) and complained still of obstruction in the nose. Rhinoscopy showed in some, at the seat of the cicatrix, tumefaction of the mucous membrane, determining obstruction. In another case the membrane was fissured by several furrows—this case had been frequently cauterized in different hospitals. Some cases would seem to show that cauterization does not fulfil its purpose, when it is badly done, as for instance when there is produced in the tissues a deep cicatrix, or on the contrary, when the action is too superficial, or again, when it is either too limited or too extensive.

—*Revue Internat. de Rhin. Otol. Laryngologie.*

CROUP AND SUFFOCATIVE LARYNGITIS.—For some time specialists have called attention to the diagnosis between croup and suffocative laryngitis, which is nearly always stridulous laryngitis. Dr. Bogot, reviewing these facts, recalls that while the diagnosis itself does not offer many difficulties, suffocative laryngitis may, however, end in asphyxia just as croup does.

This form of laryngitis is distinguished from croup by its want of relation to diphtheria, by the almost complete absence of contagion. It may be secondary to measles or influenza. The affection begins with slight cough and hoarseness. As the general state is good, the child continues to run about; and there comes a moment when the symptoms intensify and an access of suffocation occurs which may lead to fatal asphyxia. It is this circumstance which has led to the confusion of this affection with croup.

On examination the child shows none of the usual signs of diphtheria—no white patches in the throat, no false membrane expelled by cough, no nasal flow, no enlargement of the glands of the neck. The general condition is excellent up to the moment of the attack of asphyxia. The respiration is whistling. Fever slight, no phenomena of intoxication (CO_2).

The affection should be treated as an acute laryngitis. The application of revulsives or even of leeches in front of the throat, a light purgative, wrapping the lower limbs in cotton wadding. Diaphoretic draughts, rest in bed in a moderately heated room. If the signs of asphyxia are threatening, constant spraying with an infusion of eucalyptus leaves, or a carbolized solution. Tracheotomy remains as a last resource, and is the heroic treatment, as it suppresses the mechanical obstacle which causes the trouble. The affection may last two or three weeks, as recurrence is very easily brought about, and precautions must be taken for some time.

—*Rev. de Therapeutique Medico-Chirurg.*

SPIRITS OF TURPENTINE is recommended by the *Lyons Medical* for removing the odor of iodoform from the hands, the application is followed by the use of soap. Utensils soiled with the drug may be cleansed in this way with ease.

—*Courier Medical.*

PROFESSIONAL SECRETS IN COURT.—At its last session the conference of advocates of the Court of Appeals of Paris discussed the following question: "Whether a person who by profession or rank becomes a depositary of a secret, when called on to testify, is it advisable for him to refuse to testify to the facts confided to him, even when released from his obligations by the individual who confided in him?" The conference decided affirmatively.

—*Med. Chir. Rev. de Therapeutique.*

THE ANTI EMETIC ACTION OF MENTHOL (Dr. Blanc).—The action of menthol in this respect is not easily explained. The phenomenon of vomiting is in itself a complex, and according to the most recent opinions there is probably a bulbar "vomitary" center, in close relation to the respiratory center whose reflex motor action can be put in play by very dercise causes, *e. g.*, the direct action of special drugs; general encephalic excitement, propagated to the medulla; irritation of the abdominal sympathetic plexus; by reflex action from other organs, especially irritation of the gastric mucous membrane. This gastric irritation is accompanied by slow and weak contractions of the mucous coat, and acts as a reflex call, resulting in a dilatation of the cardiac end by contractions of its longitudinal fibers under the action of the pneumogastric, and a sharp depression of the diaphragm. This is followed by energetic contractions of the abdominal muscles, and by a more pronounced depression of the diaphragm.

Emetics are of two kinds. Those which provoke gastric nausea, and those which act through the medulla without the stomach being previously concerned in the act.

Ipecac, copper, etc., belong to the first group. Apomorphine is the type of the second, although it belongs to the two groups since it can act either directly on the stomach, or indirectly through the circulation. Emetine also causes vomiting at the end of two hours, and when one might think the drug had been eliminated, it arises in the stomach and produces its local action.

As to anti emetics, their mode of action is obscure and hypothetical. We witness here, a singular phenomenon, anesthesia; and paralytic stupor of the organ cannot enter into the explanation, for the anti-emetics are stomach stimulants, and these act in proportion to the dose. Take the two most certain anti-emetics (exclusive of ice), carbonic acid and menthol. They are both powerful adjuvants to gastric contraction in moderate doses; but in high doses gastric spasm and nausea are arrested to such an extent that ipecac given in full doses may lose its emetic action, if preceded by menthol. The explanation of these facts can only be made in two ways, either gastric stimulants produce, in full doses, a paresis of the organ, or else we must modify the idea which we have at present of the act of vomiting.

—*Revue de Therapeut. Med. Chirg.*

THE disagreeable odor of ichthyol may be masked by addition of a small quantity of coumarine.

—*Bulletin Gen. de Ther.*

FORMULARY (*Bulletin Gen. de Therapeutique*). For warty vegetations of external genital organs.

℞.—Salicylic acid..... ..... 2 gms.
Acetic acid ..... 30 gms.
Mix. External use.

Apply to the vegetations once or twice in 24 hours by means of a small brush, 2 or 3 applications are sufficient. The pain is slight and transient, which is an advantage.

ICHTHYOL EXTERNALLY IN GYNECOLOGY (M. Freund):

℞.—Sulpho-ichthyolate of ammonium 5 gms.
Glycerine..... 100 gms.
M. For wetting vaginal tampons.

℞.—Ichthyol..... *s.* 1 gm.
Cocoa butter... ..... 2 gms.
F. S. A. One suppository.

RELAPSE, FALSE RELAPSE, AND RECURRENCE OF SCARLET FEVER (Janselme).—Anomalous eruptions may supervene during the course of scarlet fever, or a certain time after the cure. The author divides these into three classes. Under

the name of false or spurious relapse is to be understood a new exanthem, appearing before defervescence, during the evolution of certain scarlatinas, whose febrile period is abnormally prolonged. It may be the result of a secondary infection having the throat as a point of departure. The eruption is measly, and the spots only coalesce slowly.

The reproduction, after apparent establishment of convalescence of the whole or a part of the symptoms, which have characterized the first attack, constitutes the relapse. Observations show that it is principally during the third or fourth week that this occurs. It may be mild, medium, or severe. Prognosis generally favorable. The crowding of patients in a small space predisposes to this complication. The "recurrence" is a new attack coming on after complete cure. This may be explained by a second infection being rendered possible by loss of immunity, the interval varies, but is generally some months. Hereditary influence may favor the recurrence. The author insists in closing his article on an antisepsis and isolation.

—*Rev. de Therap. Med. Chirurg.*

DANGERS OF IODOFORM INJECTIONS.—Dr. Drusman states the following: A woman of thirty years, with housemaids' knee, received at different times injections of iodoform oil. Six days after the last injection the patient who had received (in the course of three months) fourteen grammes of iodoform in ten injections, presented agitation and phenomena of excitation. She was sent home, and after a time re-entered the hospital where resection of the knee was performed. In the cellular tissue under the patella a mass of the size of a cherry was found, consisting of iodoform. In another patient, after injections of the oil, a maniacal attack occurred which necessitated a sojourn in an asylum. A third patient, weakened by disease, succumbed to the influence of iodoform intoxication. The case with which symptoms may occur depend on the capacity for absorption possessed by the various tissues. Injections should be practised at considerable intervals, and in cachectic subjects, or those presenting any nervous symptoms, should be very cautiously used.

—*Revue de Therap. Med. Chirurg.*

EXTENDED PERFORATION OF THE CARTILAGE OF THE NOSE IN TYPHOID FEVER (Gellé).—After some considerations on the effects of the general malnutrition in this disease, the author points out that localization of the lesions is explained as much by decubitus as by friction or repeated pressure on a particular part. In this case the ground has been more or less prepared either by epistaxis, or by the scratching following pruritus. In his case Dr. Gellé could not attribute the ulceration to thrombosis or embolism. The patient had had frequent epistaxis, and had torn his nostril with the finger nail. The ulceration was slow, and not noticed till convalescence set in.

—*Revue de Laryngologie, etc.*

IDIOCY IN ENGLISH WOMEN. — In spite of the delicacy of the subject from the British matron's point of view, some loud complaints respecting the behavior of the Metropolitan Railway in adopting the "penny in the slot" principle for ladies' lavatories, have found their way into the columns of the lay press. We must admit ourselves ignorant on the legal point as to whether railway companies are compelled to provide for the physiological needs of passengers. Certain it is that ladies are very scurvily treated in this respect. At the same time it is difficult not to sympathize with municipalties in their fruitless attempts to grapple with the question. Having awakened to the necessity of making some provision for the fair sex, a large number of underground conveniences on a palatial scale have been constructed, whereof a portion is set apart for ladies' use. Obviously it is desirable to place these "refuges" in a conspicuous positions, otherwise the object would not be obtained, for no amount of hydraulic pressure would induce the average lady to "ask the policeman." Yet this very conspicuousness is made the gravamen of a charge of want of delicacy against the London County Council, on the ground that no lady could be expected to march deliberately to the citadel, at the risk of being subjected to ribald insults. The genuine British female's modesty is fearfully and wonderfully made, and is brought to bear in the most unexpected, not to say unnecessary places. It is difficult to see what the authorities can do to meet the rights and right the wrongs of the case. —*Med. Press.*

CONGENITAL CHOREA.—INABILITY TO CO-ORDINATE THE FUNCTIONS OF THE LIMBS OR SPEECH.—LACK OF MENTALITY.—LINEAR CRANIOTOMY.—This boy was four years old. He had never been able to walk. Was constantly making choreic movements and unable to regulate the evacuations of the bowels or bladder. Had never had any epilepsy, so far as known, but was unable to learn, owing to the fact that his eyes were in constant motion, and that he seemed to be lacking entirely in the quality of nervous energy necessary for the reception of mental impressions. He took food when it was given to him; was unable to feed himself. Required the constant, unremitting attendance of a nurse. The disease existed from birth. The physician, who had attended the child, attributed the defect to compression of the brain by forceps during birth. Measurements of the child's head showed deficiency of development, and there was a lack of symmetry in the general shape of the organ. Linear craniotomy was advised as the only thing promising any hope of relief. Incision was made from the left frontal eminence to the occipital protuberance. The scalp was separated, the periosteum raised, and a strip of bone half inch in length was taken out from the skull, reaching from the frontal eminence to within one inch of the occipital protuberance. The periosteum was drawn over this opening, the scalp replaced, and the whole securely fastened by interrupted sutures. Antiseptic dressing was applied. Recovery from the operation was successful, and the friends now think there is some improvement in the chorea. Since the operation, which was performed three weeks ago, there has been a marked improvement in the general condition of the patient. Of course it is too early to state yet what the outcome will be as regards the restoration of the functions of the brain, but certain it is that in the process of repair the opening, which was barely half inch in width at the time of the operation, has spread to three quarters inch, and that this is the apparent width of the fissure in the skull now, beneath the united scalp. Through this fissure can readily be felt the pulsations of the brain.—Wyman, *Detroit Hosp. Rep.*

THE USE OF THE TONSILS.—Physiologists have long been troubled by the existence of the tonsils without an evident excuse for their presence in the human body. A physician has recently decided that the responsibility does not exist with the physiologist, but belongs to the pathological field. He claims that the tonsils are of pathological origin and should be treated as such. The doctor is not content with the multiplication of new diseases, but must also claim physiological organs as well. This report does not tally well with the conclusions of another investigator who found that the tonsils were forts manned with friendly bacteria ready to destroy pathogenic germs. What theory may we expect next?

—Whelpley, *Med. Fortnightly.*

MALPRACTICE SUITS.—The question naturally arises: Is there no way of fighting this constantly growing evil of unfounded malpractice suits? There are several, in our opinion, but the problem is very much like the one in the fable—who will be the cat? The most simple one is to refuse to attend any patient who is unable to pay a good fee. This would relieve the practitioner of any possibility of incurring the risk of a suit for malpractice. A patient able to pay a fee, will not hesitate to pay for a consultation whenever the attending physician or surgeon deems such necessary, and the result will be the best skill attainable will be given to the case. It will be urged, on the other hand, that this is working a hardship on the poor, because of their lack of money. But there are dispensaries and hospitals in numbers, where no fee or reward is asked or expected. Not being under monetary obligation they will not hesitate to come as often as is necessary, and, as a result, better conditions will be obtained. When the poor are so inconsiderate as to jump at an opportunity to defraud a physician of money, besides his services and time, they are surely not entitled to more than a very small share of the philanthropy of those who are most apt to suffer in every respect, as a reward for misdirected charity.—*Med. Review.*

SKULL FRACTURES.—In the medical treatment of intra-cranial inflammations, when grave, contrary to the violent objections raised against them by many, I have frequently resorted to opiates to quiet the patient, and it seems to me with decided benefit, and, so far as I could ob-

serve, no harm. In several cases full doses of bromides, rectal injections of chloral, hypodermic injections of hyoscyamine, the sedatives and narcotics generally, as well as the art of a trained nurse failed utterly to restrain the restlessness and extreme jactitation that was rapidly exhausting the patient, and, I believe, fanning the flame of inflammation already raging. When at last this fury was found to give way under a hypodermic injection of sulphate of morphine to calm repose, I felt that the patient was the better for it.

—G. W. Crile, *Lancet-Clinic.*

IMPORTANCE OF BACTERIA.—"We must not think too hardly of bacteria," says Dr. H. W. Conn, of Middletown Wesleyan University. "It is true that they are the causes of evil, that they produce disease; but it is also true that they do good. They are our enemies, but they are also our closest allies. It is true that without them we could not have our smallpox nor our yellow fever, we could not have our diphtheria nor our scarlet fever, neither should we have any of the epidemics. But when we remember that it is through the agency of these organisms that we bake the loaf of bread that comes to our table; that the immense brewing industries connected with the manufacture of alcoholic liquors are possible; that without them we could not get our vinegar or our lactic acid; that without them we could not make our ensilage; that these bacteria give the butter-maker the aroma of his butter; that it is the decomposition products of the bacteria that be used over and over again for the support of life; and, lastly, that it is only through their agency that plants were originally enabled to get hold of nitrogen at all, and that we may hope for a continuance of a supply of nitrogen to the soil—we will recognize that the power of bacteria for good far outweighs their power for evil."

—*Doctor's Weekly.*

USE AND DOSAGE OF LYSOL.—In view of the menacing epidemic of cholera, I regard it my duty to record my results with lysol in dysenteria and cholera nostras. I used lysol in doses of 3.0 to 10.0 grammes, used in 1 per cent. strength as clysmata. The astonishing results obtained by this means lead me to ask the profession to combat cholera and its relatives by this method.

The administration of lysol was always combined with that of a stimulant.

Following are the histories of three most interesting cases:

May 11 I was called to the family of G——. The three children were seized with scarlet fever, presenting nearly the same symptoms. The most alarming symptom was the high temperature, in all cases 103.5° F.; the children also had all the other symptoms relating to the throat, lungs, tongue, eyes, and nose.

The urine of the two elder children showed much albumin and traces of sugar.

The conditions, especially of the eldest child (girl of seven years), and of the babe (fourteen months old), were very critical. The second child, a girl, five years of age, did not seem to be as ill as the others.

I was not misled by my expectations of the internal antiseptic action of lysol. I gave it with sherry wine in the proportion of lysol 5.0 to vin Xeres 10.0. Of this I ordered ten, five, and three drops, for the three children respectively, to be given in milk four times a day.

The effects of these small doses of lysol could be seen within the first twenty-four hours. I saw the children twice a day to May 16, so I am enabled to give up to that date a complete temperature record.

Analyzing first the curve of M. G——, seven years of age, I have to state that this child got forty drops the first day, with an increasing dose of five drops daily. The temperature fell steadily, without any recurrent exacerbation, till the morning of May 15, after which no change could be seen.

During the whole time the urine was examined with a double object, viz., to see the effect on the albumin, and note whether phenol could be found. No trace of albumin after the first twenty-four hours could be discovered. The urine showed only one time the presence of sugar, the reason of which phenomenon I could not make out. All the other times the analysis was negative in every respect.

The decrease in the temperature curve can be seen more clearly in the cases of the two other children. The explanation of this fact will probably be that the doses of five and three drops were, in com-

parison to the age, larger than the ten drops of the older child.

On the second day the temperature of the five-year-old child rose from 98° F. to 99° F. at 6 P. M., which was the result of the neglect of the mother to give the lysol.

On the fourth day the temperature of the baby rose from 98.5° F. to 100.5° F., but this was explained by the fact that the mother gave her some beer.

These two incidents teach two things:

1. That the use of lysol must never be abandoned until the temperature has been normal for a few days.

2. That the diet has to be as restricted as possible, so that no irritation to the uropoetic system may result.

The mixture of lysol, one part, and sherry wine, two parts, could be taken very well in warm milk.

If now, finally, I should formulate a treatment concerning the cholera Asiatica out of these preceding observations, I would advise:

1. To give immediately a stimulant mixed with lysol, 2.5 grammes.

2. To wash out the intestines thoroughly with a 1 per cent. solution of lysol in warm water. This should be repeated every two hours until a change is seen.

—Vondergoltz, *Med. Record.*

News and Miscellany.

PREVENTION OF CHOLERA.

Oh! 'tis hard in these days of disease and infection,
To know how to act, to remain in good health;
An enemy lurks almost free from detection,
Neither sparing the poor, nor those who have wealth.

Dread small-pox is wafted about in the breezes,
But yet we must breathe it—can't live without air;
And measles and other such direful diseases,
Are carried about in the clothes that we wear.

But what's to be done? We can't go without clothing;
Ha! ha! Happy thought; there is one disease yet,
Infests both our meat and our water with loathing,
'Tis cholera, and that we can euchre, you bet!

For tho' we're compelled to risk small-pox and measles,
In the air that we breathe, and the clothes that we wear,
In the matter of cholera we're artful as weasels,
Exchanging cold water for whiskey and beer.

SARAH ADELE PALMER, M.D.
P. O. Box 420, BALTIMORE, MD.

As usual somebody rises to remark that cholera can't hurt the Jew; that he is exempt. And, as usual, somebody prevaricates.

NOTE.—I notice in the newspaper accounts of interviews of various physicians, that the cholera germ cannot be contracted by the air passages. I have always thought otherwise, and I see in Dr. Lewis' paper in THE TIMES AND REGISTER of September 10th, the only rebuttal of this idea that I have ever met with. Will not this explain its rapid spread? B.

SECRETARY J. Lewis Crew, of the Society to Protect Children from Cruelty, is endeavoring to add one more to the numerous charities of Philadelphia, in the shape of an establishment for foundlings. His plan is to locate it in the country, where good water and pure air are to be enjoyed, with suitable accommodations and trained nurses. The baby farm, or infantile slaughter house, can only be suppressed by a properly managed asylum of this kind.

DISINFECTION OF DIARRHŒAL DISCHARGES.—To physicians, nurses, etc.: At a meeting of the Board of Health of the Health Department of the City of New York, held on the 16th inst., the following preamble and resolution were adopted:

WHEREAS, The presence of cholera in this city and its relation to diarrhœal diseases makes it extremely important that all diarrhœal discharges be at once disinfected, as many cases of cholera take the form of mild diarrhœa, but the discharges in those cases are as dangerous as from the severest types of the disease; therefore

Resolved, That physicians and nurses are respectfully requested to see that this recommendation is promptly carried out, as in this way the great danger of spreading infection from unsuspected cases of cholera will be greatly lessened.

By order of the Board of Health.

CHARLES G. WILSON, *President.*
EMMONS CLARK, *Secretary.*

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS; FIFTH ANNUAL MEETING, AT ST. LOUIS, MO., SEPTEMBER 20–23. 1892.—Dr. George H. Rohé, of Catonsville, Md., read a paper upon "The Relations of Pelvic Disease to Psychical Disturbances in Woman."

The author pointed out the frequency with which bodily conditions influenced mental states. Thus a torpid condition of the intestine, Bright's disease, putrefactive processes in the intestinal canal, etc., might give rise to melancholia and other disorders of the mental functions. It is not irrational to suppose likewise that diseases of the female sexual apparatus would have a not inconsiderable influence in the production or perpetuation of mental disorders. As a contribution to the knowledge of the subject, the following report was submitted:

In a hospital containing 200 insane women, 35 were subjected to vaginal examination, and 26 found with evidences of pelvic diseases. In 18 of these the uterus appendages were removed with the following results:

Sixteen recovered from the operation and 2 died. Of the 16 recovered, 3 have been discharged from the hospital completely restored, both physically and mentally. In 10, considerable improvement followed the operation in both physical and mental conditions, and in 3, the operation was of too recent a date to allow any definite expression of opinion.

The mental disorder present in the 18 cases was melancholia in 6 cases, simple mania in 1, puerperal mania in 4, hysterical mania in 1, periodic mania in 2, hystero epilepsy with mania in 1, and epilepsy with mania in 3.

The author, basing his opinion upon his experience, concludes as follows:

"The facts recorded demonstrate—

"1. That there is a fruitful field for gynecological work among insane women;

"2. That this work is as practicable and can be pursued with as much success in an insane hospital as elsewhere; and,

"3 That the results obtained not only encourage us to continue the work, but require us, in the name of science and humanity, to give to an insane woman the same chance of relief from disease of the ovaries and uterus that a sane woman has."

ORIGINAL KERATOSIS.—A curious Jewish tradition reports that Adam was entirely clothed in a hard, horny skin, and only lost it and became a subject to evil spirits on losing Paradise. The nails are the remnants of this dress, and whoever cuts them off and throws them away does himself an injury. An old Persian chronicle says that Eve also possessed this dress, and the nails were left to remind them of Paradise.

Blobbs says his wife's nails don't remind him of Paradise by a jammed sight.

DR. HOBART A. HARE has undertaken a research into the action of chloroform, on behalf of the Nizam of Hyderabad. That youth will become celebrated if he doesn't soon settle down and keep quiet.

WEEKLY Report of Interments in Philadelphia, from September 17 to Setember 24, 1892:

CAUSES OF DEATH.	Adults.	Minors.	CAUSES OF DEATH.	Adults.	Minors.
Abscess	1		Gall stone	1	
Aneurism of the aorta	1		Gangrene	1	
Alcoholism	1		Hemorrhage	1	
Apoplexy	7		Homicide		1
Asphyxia		1	Indigestion	1	
Anæmia	2		Inanition		10
Bright's disease	8	2	Influenza	1	
Burns and scalds	1	1	Inflam'n brain	2	9
Cancer	7		" bronchi	3	3
Casualties	6	4	" kidneys	3	
Congestion of the brain	1	6	" lungs	8	6
Congestion of the lungs		3	" pericard'm	1	
Cholera infantum		27	" peritone'm	2	
Cirrhosis of the liver	4		" pleura	2	
Consumption of the lungs	48	5	" s. & bowels	3	6
Consumption of the bowels	2		" heart	3	
Convulsions		10	Marasmus		40
Colic		1	Necrosis	2	1
Croup		3	Obstruction of the bowels	2	1
Cyanosis		4	Old age	21	
Debility	1	4	Perforation of bowels	1	
Diabetes	3		Paralysis	3	
Diarrhœa		2	Poisoning	2	1
Diphtheria	1	26	Rheumatism	2	1
Disease of the brain	1		Stone in bladder	1	
" " heart	17	5	Septicæmia	2	
Drowned	2	1	Sore mouth		1
Dropsy	1	1	Softening of the brain	3	
Dysentery	4		Suffocation	1	
Effusion of the brain		1	Suicide	3	
Fatty degeneration of the heart	1		Syphilis		1
Fever, scarlet		3	Teething		1
" typhoid	8	5	Tumor		1
			Uræmia	1	
			Wounds, gun-shot		4
			Total	207	201

MEDICAL CORPS, U. S. NAVY.

Changes in the Medical Corps of the U. S Navy for the week ending September 24, 1892.

HARVEY, H. P., Surgeon. Detached from St. Louis, and granted six months' sick leave.

HARRIS, H. N. T., Passed Assistant-Surgeon. Detached from Navy Yard, League Island, and to Receiving Ship "St. Louis."

STOKES, C. F., Passed Assistant-Surgeon. Ordered to Naval Hospital, Tokohama, Japan.

RUSSELL, A. C. H., Passed Assistant-Surgeon. Detached from Naval Hospital, Tokohama, Japan, and ordered to return home.

Notes and Items.

GERMAN factories forbid the use of corsets during working hours.

FRANCE has voted $30,000 from the fund raised by taxing bets at horse races, to aid the cholera sufferers at Havre.

INDIA-rubber heels are to be provided for the boots of French soldiers; the test having been found very favorable.

WILD AND WOOLLY MEDICAL EDUCATION.—A medical *university* is advertised as located in Cincinnati. In this same city is a "fizzelo-medical school, with a professor of "chromatic therapy" (blue glass, probably), also, a professor of "pischology." This word being repeated several times in the announcement, renders it improbable as a typographical error. Psychology, rather than anything else, was probably meant. An aspiring Chicago lecturer on children's diseases told our informant that he expected soon to be full professor of pæderastry.

Notes and Items.

HERSCHELL suggests pyoktanin as an intestinal antiseptic in cholera.

CIALDINI, the great Italian general who died recently, was educated as a surgeon.

CHOLERA is said to have saved more lives than it has taken, by compelling attention tc hygiene.

DAMANIA considers suppression of urine, and the absence of intestinal pain, to be reliable diagnostic signs of cholera.

AN English physician reports the case of a woman who was in the habit of picking her ear with a pin, always causing a little discharge. One night, after performing this operation, she was awakened by a fly getting into the ear. Next day an erysipelas began to show itself in the same ear.

WRITE to the advertisers and ask for literature and samples. It will broaden your view of medical and surgical science. *Always mention this Journal.* That will benefit you and us also.